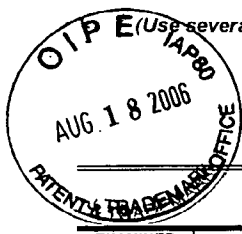


INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

ATTY. DOCKET NO.
33513-US-PCT
APPLICATION NO.
10/583,106
APPLICANT
BRINKMANN ET AL.
FILING DATE
JUNE 15, 2006

Group



U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA	6,963,012	11/8/05	Kohno et al.	564	346	9/25/02
	AB	6,960,692	11/1/05	Kohno et al.	564	341	9/25/02
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION YES NO	
	AM	0 627 406	10/28/98	EP			<input type="checkbox"/>	<input type="checkbox"/>
	AN	1 002 792	7/14/04	EP			<input type="checkbox"/>	<input type="checkbox"/>
	AO	0 778 263	1/9/02	EP			<input type="checkbox"/>	<input type="checkbox"/>
	AP	02/18395	3/7/02	WO			<input type="checkbox"/>	<input type="checkbox"/>
	AQ	02/076995	10/3/02	WO			<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

	AR	
	AS	
	AT	

EXAMINER

/Jennifer Kim/

DATE CONSIDERED

03/23/2010

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /JK/

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FOREIGN PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	CA	02/06268	1/24/02	WO (Abstract)			<input type="checkbox"/>	<input type="checkbox"/>
	CB	2002 316985	10/31/02	JP (Abstract)			<input type="checkbox"/>	<input type="checkbox"/>
	CC	03/029184	10/4/03	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CD	03/029205	10/4/03	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CE	03/061567	7/31/03	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CF						<input type="checkbox"/>	<input type="checkbox"/>
	CG						<input type="checkbox"/>	<input type="checkbox"/>
	CH						<input type="checkbox"/>	<input type="checkbox"/>
	CI						<input type="checkbox"/>	<input type="checkbox"/>
	CJ						<input type="checkbox"/>	<input type="checkbox"/>
	CK						<input type="checkbox"/>	<input type="checkbox"/>
	CL						<input type="checkbox"/>	<input type="checkbox"/>
	CM						<input type="checkbox"/>	<input type="checkbox"/>
	CN						<input type="checkbox"/>	<input type="checkbox"/>
	CO						<input type="checkbox"/>	<input type="checkbox"/>
	CP						<input type="checkbox"/>	<input type="checkbox"/>
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	CT						<input type="checkbox"/>	<input type="checkbox"/>
	CU						<input type="checkbox"/>	<input type="checkbox"/>
	CV						<input type="checkbox"/>	<input type="checkbox"/>
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	CX						<input type="checkbox"/>	<input type="checkbox"/>
	CY						<input type="checkbox"/>	<input type="checkbox"/>
	CZ						<input type="checkbox"/>	<input type="checkbox"/>

EXAMINER

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